



SHAW PAIN
CLINIC

- Collect Payment: \$ _____
- Collect Insurance/Photo ID

RETURNING PATIENT INTAKE

Patient's Name: _____ Date of Birth: _____
 Date of Visit: _____ Primary Care Physician: _____

Please take a few minutes to fill out this medical intake to facilitate your appointment today.

About your Pain:

Chief Complaint: _____

Where are you feeling pain today? _____

Describe your pain (aching, burning, cramping, etc.) _____

Is the pain constant? Yes | No | N/A How long have you had the pain? _____

If pain "0" is no pain and "10" is the worst pain you can imagine, how would you rate your pain?

Right Now _____ The Best It Gets _____ The Worst It Gets _____

What makes your pain worse? _____

What makes your pain better? _____

Pain is (circle one): Constant / Intermittent

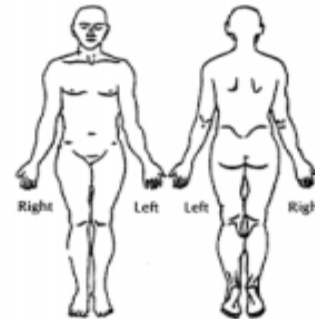
Pain is worse (circle one): Morning / Afternoon / Night

Does your pain interfere with sleep? Yes / No

Have you used a TENS unit? Yes / No

Last Physical Therapy: _____

With who? _____



Highlight PINK for pain & BLUE for numbness

Medical History

Have you ever had: Diabetes | Hypertension | Cancer | Other _____

Have you ever had surgery? Back Surgery | Neck Surgery

Are you a smoker? Yes | No

Are you employed? Yes | No

Review of Systems

Are you having any gastrointestinal symptoms? Constipation | Nausea | Other | None

Are you having any psychological symptoms? Depression | Sleep Disturbance | Other | None

Any neurological symptoms? Loss of Bladder/Bowel Control | Weakness | Other | None

Any other symptoms? _____

Current Pharmacy: _____

Have you had any falls in the last year? Yes No If yes, WITH / WITHOUT injury?

Have you seen another physician since your last visit with Dr. Shaw? Yes No

TO BE COMPLETED BY OFFICE PERSONNEL

Vitals

BP: ____/____ P: ____ Ht: ____ Wt: ____ BMI: ____

Allergies: _____

Current Medications: _____

Last O/V: _____ Type of O/V: _____ Today VAS: _____ Last VAS: _____

Last Procedure: _____ Type of Procedure: _____ % of Relief: _____

Provider Notes

Plan/Orders

J. Kaleb Shaw, MD

Date